MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 18 Department of Public Health And Welfare 218 Decision District No. 1003

-63-009105

1	DEPARTMENT OF PUBLIC HEALTH AND WELFARE 1Q 1003 43CQ STATE FILE NUMBER							
PAGE OF DEATH STATE	DO NOT WRITE ON THIS STUB		AMER	DED	1	Registration District No. FEB 19 1863 Primary Registration District No. Registrat's No.		
Reside confirmed in respiration of the confirmed in respirat	VS 300					a COUNTY		
Reside con Farm Institution Chronic Hospital Ves No ADDRESS 5800 Arsenal Street Ves No	Rev. 4/59	QN			-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY		
Reside on Farm Reside Carlon Reside Carlon Reside Carlon Reside Carlon Reside Carlon Reside on Farm Reside Carlon Reside on Farm Reside Carlon Reside on Farm Reside Carlon Residen Resident Resident Resident Resident Resident Resi	•	N N	11	ŀ			St. Louis	
3 NAME OF DECEASED FIRST Middle Lest A. DATE Month Day Year Genevieve Mitchell Death February 7, 1963 5. SEX 6. COLOR OR BACE 7. Married Never Married 1. B. DATE OF BIRTH 9. AGG (last birthday) If FUNDER 1 HAN FEBRUARY 7, 1963 6. SEX 6. COLOR OR BACE 7. Married 1. Never Married 1. B. DATE OF BIRTH 9. AGG (last birthday) If FUNDER 1 HAN FEBRUARY 7, 1963 6. SEX 6. COLOR OR BACE 7. Married 1. Never Married 1. B. DATE OF BIRTH 9. AGG (last birthday) If FUNDER 1 HAN FEBRUARY 7, 1963 6. SEX 6. COLOR OR BACE 7. Married 1. Rever Married 1. B. DATE OF BIRTH 9. AGG (last birthday) If FUNDER 1 HAN FEBRUARY 7, 1963 6. SEX 6. COLOR OR BACE 7. Married 1. Rever Married 1. B. DATE OF BIRTH 9. AGG (last birthday) If FUNDER 1 HAVE COUNTRY Middle Married 1. B. DATE OF BIRTH 9. AGG (last birthday) If FUNDER 1 HAVE COUNTRY MID STATE 1. BIRTHPLACE (city and state or country) 12. CITIZEN OF WHAT COUNTRY MID STATE 1. DATE 1					ı	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET	(If outside, give location) Reside on Farm	
Genevieve Genevieve	2 21	3₫					5800 Arsenal Street Vas D No D	
1967 1968 1968 1969	3	- 1				(Type or print)		
Female White Widowed Divorced 2-6-1873 590 Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done during most of working lifty, gen if retired) 7 0 00 00 00 00 00 00 00 00 00 00 00 00	4 .		İΙ			Genevieve Mitchell	DEATH February 7, 1963	
10								
during most of working life, gean if retired) 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 2					remare "Hire - - - - - - - - -	9	
13. AATHER'S NAME Thomas Barres 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or detes 16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or detes 17. INTERVAL BETWEEN IN	6	S				during most of working life, even if retired)		
15. WAS DECEASED EVER IN U.S. ARMED FORCE 16. 17. 18. 18. 19.						13a. FÄTHER'S NAME 13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCE 15. WAS DECEASED EVER IN U.S. ARMED FORCE 16. CAUSE OF DEATH (Enter or		ᅙ				Thomas RARNEC INKNOWN		
10 00 0 10 11 11 00 00 0 15 11 15 CAUSE OF DEATH (Enter only one cause per time for rely one cause per time for rely one cause (a) 11 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 Q					15. WAS DECEASED EVER IN U.S. ARMED FORCE	Address	
18. CAUSE OF DEATH (Enter only one cause Der mer tor very top; end to; 11	9	-		-		(Yes, no, or unknown) (If yes, give war or dates d	ELLER 413 GEORGE ST.	
Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant lighter a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant lighters a pregnancy in last 90 days. 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE ROW INJURY OCCURRED. (Enter nature of mury in PART II of Item 18.) 20c. TIME OF Hour Month, Day, Year INJURY e.g., in or about home, NOT WHILE AT WORK 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED care, in or about home, farm, factory, street, office bldg., etc.)		AR			Ħ	1 18. CAUSE OF DEATH (Enter only one cause per time for tar, tor, and tor.	INTERVAL BETWEEN	
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Which gave rise to above cause (a), stating the under-lying cause last. VO VI VI VI VI VI VI VI	~ 11				짓			
above cause (a): Stating the under-lying cause last. DUE TO (c)	1276-0	EA E			ĭ			
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ZOG. INJURY OCCURRED WHILE AT WORK	z	WE			•		***	
Y NUI WIILE AI WUKKI	¥ 2 2	∢			- 1	p.m.	TATE COUNTY	
$9 \approx 10^{-10}$	~					WHILE AT WORK farm, factory, street, office bldg., etc.)	R LOCATION COUNTY STATE	
21. I attended the deceased from 2=21=02 , to	S S S	READ				$\frac{21}{3}$ 1 arounded the decayed from $\frac{5-31-62}{3}$ to $\frac{2-7-63}{3}$ at	nd last saw her him alive on 2-7-63	
Death occurred at 2:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.	4 E					2:30 AM		
22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED	35 × 3				ų.	20h ADDRESS	22c. DATE SIGNED	
E B E FUI BURALLE, M. X. 63 F. C. STONE No. 1-63		H K				Au Augaine in 12 6341		
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)		L	$\downarrow \downarrow$		⋛	236. BURIAL, CREMATION, 236. DATE		
23a. BURIAL CREMATION, 23b. DATE 23a. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATION REMOVAL (Specify) REMOVAL (Specify) CITY OF A TION FFB. 8 / 963 MISSOURI REMATORY 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR SPIGNATORE M. D. D. DATE ADDRESS 26. REGISTRAR SPIGNATORE M. D. D. DATE 27. DATE 28. NAME OF CEMETERY OF CREMATION 29. DATE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR SPIGNATORE M. D. D. DATE 21. DATE 22. DATE RECD. BY LOCAL REG. 24. REGISTRAR SPIGNATORE M. D. D. DATE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR SPIGNATORE M. D. D. DATE 27. DATE 28. DATE 28. DATE 29. DA		C		١,	윤	CREMATION FEB. 8, 1963 MISSOURI, CHEMATORY		
ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE TO SMITH MILE. 17. 0.		≤	:		3Y AF	21 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL TO THE PROPERTY OF THE PRO		

STATEMENT BY LICENSED EMBALME

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by the, or by

Student Embalmer No.

Signed School Signed Signed Embalmer

Licensed Embalmer No. 3 40 3

P. O. Address 2966 gravors

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Branch Branch

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